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CONFIRMATION NO. 4937

Bib Data Sheet

SERIAL NUMBER 10/695,222	FILING DATE 10/28/2003 RULE	CLASS 174	GROUP ART UNIT 2831	ATTORNEY DOCKET NO. WC/475A
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APPLICANTS

Kusha A. Sheikholeslami, Wilmington, DE;
 Josef Steff, Meinheim, GERMANY;

**** CONTINUING DATA *******
 This application is a CIP of 10/303,382 11/22/2002 ABN *LCB*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 01/28/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>LCB</i>	STATE OR COUNTRY DE	SHEETS DRAWING 14	TOTAL CLAIMS 92	INDEPENDENT CLAIMS 5
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Verified and Acknowledged
 Examiner's Signature _____ Initials _____

ADDRESS
 W. L. Gore & Associates, Inc.
 551 Paper Mill Road
 P.O. Box 9206
 Newark, DE
 19714-9206

TITLE
 Support member for an assembly

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